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	APPLICATION NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORN	EY DOCKET NO.	
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				EXAMINER		
				ART UNIT	PAPER NUMBER	
		INTERVI	EW SUMMARY	DATE MAILED:		
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Exhil	oit shown or demonstration co	nducted: Yes No If yes, t	orief description:			
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A fu	ller description, if necessary, a	ind a copy of the amendments, if a copy of the amendments which wo	available, which the examiner	agreed would render t	he claims allowable	
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